PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

NIP-256-03

												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			5		100.			RATE	FEE	OR T	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	+	┥	BASIC FEE	
							1		- 005.00	$\frac{1}{2}$		770.00
TOTAL CHARGEABLE CLAIMS			5 minus 20=		•			X\$ 9=		OR	X\$18=	<u> </u>
INDEPENDENT CLAIMS			/ m	inus 3 =				X43=		OR	X86=	
М	JLTIPLE DEPE	ENDENT CLAIM F	RESENT					+145=		OR	+290=	
*	the differenc	e in column 1 is	less than z	ero, enter	"0" in (in column 2		TOTAL		OR	TOTAL	770
CLAIMS AS AMENDED - PART II									·		OTHER	THAN
(Column 1)				(Colum		(Column 3)		SMALL ENTITY		OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	ı	X\$ 9=		OR	X\$18=	
\ME	Independent	*	Minus	***		=		X43=		OR	X86=	
~	FIRST PRESI	ENTATION OF M	JLTIPLE DEF	PENDENT	CLAIM		ŀ			1 1		
							L	+145=		OR	+290=	
							A	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	•
		(Column 1)	1	(Colum		(Column 3)						
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	ł	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		= .		X43=	,	OR	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (CLAIM		H					
							L	+145=		OR	+290=	
								TOTAL DDIT. FEE		OR A	TOTAL DDIT. FEE	
		(Column 1)		(Column		(Column 3)						
ž þ		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		= .	\vdash		$\overline{}$	<u> </u>		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X43=		OR	X86=	
								+145=		OR	+290=	.
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."							L	TOTAL DIT. FEE		DR ,,	TOTAL ODIT. FEE	
***!f	the "Highest Nur	nber Previously Pai ber Previously Paid	d For" IN THIS	SPACE is le	ess than	3, enter "3."			·	, AI		
	J				,	gout manibal 1		are appr	-p.m.c box	, 30101		